<b>Califor</b>	nia	Resident Income Tax Return 2003	<b>540</b> C1 Side 1		
Fiscal year file	ers only:	r: Enter month of year end: month year 2004.			
Step 1	Your fire	st name Initial Last name	PBA Code		
arch i	1 1				
Place	If joint re	return, spouse's first name Initial Last name			
label here or print	100		, , , AC		
	Present	t home address — number and street, PO Box, or rural route Apt. no.	PMB no.		
Name	1.1		A		
and Address	City, to	wn, or post office (If you have a foreign address, see instructions)  State ZIP Code	R		
	u i		+		
Stop 1	You	ur social security number Spouse's social security number	PORTANT:		
Step 1a	1		ial security number		
SSN			is required.		
Stop 2		1 O Single			
Step 2		2 Married filing jointly (even if only one spouse had income)			
Filing Statu	s	3 Married filing separately. Enter spouse's social security number above and full name here			
Fill in only one.		4 O Head of household (with qualifying person). STOP. See instructions.			
· ··· o····y o···o·		5 Qualifying widow(er) with dependent child. Enter year spouse died			
		6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or	her		
Step 3		tax return, even if he or she chooses not to, fill in this circle	_		
-		For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.			
Exemptions	,	7 <b>Personal:</b> If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2			
		in the box. If you filled in the circle on line 6, see instructions	X \$82 = \$		
		8 Blind: If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2	X \$82 = \$		
		9 Senior: If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2	X \$82 = \$		
Dependent		10 Dependents: Enter name and relationship. Do not include yourself or your spouse.			
Exemptions	5		□ v ¢057   ¢		
		Total dependent exemptions • 10 l	_		
	<u> </u>	11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 21	<u> </u>		
Step 4	1	<b>12</b> State wages from your Form(s) W-2, box 16			
-	1	13 Enter federal adjusted gross income from Form 1040, line 34; Form 1040A, line 21;	1		
Taxable Income		Form 1040EZ, line 4; or TeleFile Tax Record, line I	13		
	1	14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 34, column B .	● 14		
Enclose, but do no		15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15		
staple, any payme	<sup>ent.</sup> <b>1</b>	16 California adjustments – additions. Enter the amount from Schedule CA (540), line 34, column C	● 16		
	1	17 California adjusted gross income. Combine line 15 and line 16	● 17		
	1	18 Enter the Your California itemized deductions from Schedule CA (540), line 41; OR			
		larger of: Your California standard deduction shown below for your filing status:			
		• Single or Married filing separately\$3,070			
		<ul> <li>Married filing jointly, Head of household, or Qualifying widow(er) \$6,140</li> </ul>			
		If the circle on line 6 is filled in, STOP. See instructions	● 18		
	1	19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-	19		
Step 5	2	<b>20</b> Tax. Fill in circle if from: O Tax Table O Tax Rate Schedule O FTB 3800 or O FTB 3803 .	♠ 20		
Tax •	-	Caution: If under age 14 and you have more than \$1,500 of investment income, read the line 20			
Attach copy of yo	ur	instructions to see if you must attach form FTB 3800.			
Form(s) W-2, W-2	20	21 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$135,714,	1		
592-B, 594 and 597. Also, attach a Form(s) 1099 showing California tax withheld.		see instructions	21		
	. 2	22 Subtract line 21 from line 20. If less than zero, enter -0-			
	a	23 Tax. Fill in circle if from: Schedule G-1, Tax on Lump-Sum Distributions	44		
		of form FTB 5870A, Tax on Accumulation Distribution of Trusts	<b>⋒</b> 23		
	9	24 Add line 22 and line 23. Continue to Side 2	9		
		Add into EE dita title EO. Continuo to Clab E	47		

Your name	Your SSN:	
Ston 6	<b>25</b> Amount from Side 1, line 24	25
Step 6	28 Enter credit namecode noand amount▶ 28	
Special Credits	29 Enter credit namecode noand amount▶ 29	
and	<b>30</b> To claim more than two credits, see instructions	
Nonrefundable	31 Nonrefundable renter's credit. See instructions for "Step 6" ■ 31	
Renter's	33 Add line 28 through line 31. These are your total credits	
Credit	34 Subtract line 33 from line 25. If less than zero, enter -0-	
Step 7	35 Alternative minimum tax. Attach Schedule P (540)	
Other Taxes	36 Other taxes and credit recapture. See instructions	
<u> </u>	37 Add line 34 through line 36. This is your total tax	0 01
Step 8	38 California income tax withheld. See instructions	
Payments -	39 2003 CA estimated tax and other payments. See instructions	
To view your 2003	41 Excess SDI. See instructions	
estimated	Child and Dependent Care Expenses Credit. See instructions; attach form FTB 3506	
payments, go to www.ftb.ca.gov		
(	• 42• 43	
	■ 45	1
	<b>46</b> Add line 38, line 39, line 40, line 41, and line 45. These are your total payments	
Step 9	47 Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46	47
Overpaid Tax/	48 Amount of line 47 you want applied to your <b>2004</b> estimated tax	
Tax Due/	49 Overpaid tax available this year. Subtract line 48 from line 47	
Use Tax	<b>50</b> Tax due. If line 46 is less than line 37, subtract line 46 from line 37. See instructions	50
	51 Use Tax. See instructions	0 01
Step 10	CA Seniors Special Fund. CA Breast Cancer Research Fund • 57	
•	See instructions • 52 — • 58 —	00
Contributions	Alzheimer's Disease/Related Emergency Food Assistance	00
	Disorders Fund • 53	00
	Rare and Endangered Species Foundation Fund • 60	00
	Preservation Program • 55 00 Asthma and Lung Disease	
	State Children's Trust Fund for the Research Fund	00
	Prevention of Child Abuse • 56 CA Missions Foundation Fund • 62	00
	CA Add line 50 through line 60. These are very total contributions	
	64 Add line 52 through line 62. These are your total contributions	
Step 11	65 REFUND OR NO AMOUNT DUE. See instructions. Mail to:	
Refund or	FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 ■ 65	
Amount	66 AMOUNT YOU OWE. See instructions. Mail to:	
You Owe	FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 ■ 66	•
Step 12	67 Interest, late return penalties, and late payment penalties	67
Interest and	, ,	68
Penalties	69 Total amount due. See instructions. Enclose, but do not staple, any payment	69
		70 🔾
Step 13	Do not attach a voided check or a deposit slip. See instructions  Fill in the boxes to have your refund directly deposited. Routing number	
Direct Deposit	Account Type	
(Refund Only)	Account Type: Account Checking ● Savings ● number	
	IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury,	
Cian	I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and one of the best of my knowledge and belief, it is true, correct, and one of the best of my knowledge and belief.	complete. 3
Sign  I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.  Your signature  Spouse's signature (if filling jointly, both must sign)  Daytime phone number (optional		
Here		
It is unlawful to	X X Date +	+
forge a spouse's signature.		er's SSN/PTIN
-	•	
Joint return? See instructions.	Firm's name (or yours if self-employed)  Firm's address  FEIN	